

If you travel, will your health care follow?

It's always great to plan ahead before you leave for a lengthy trip. Researching health care options at your destination can save time and confusion if you have a medical emergency.

The medical and dental plans that contract with the Public Employees Benefits Board (PEBB) Program generally require that you use providers within their network. Some health plans have agreements with health providers across the U.S. that allow you to get medical care and remain within their network. Your usual copays, coinsurance, or deductibles will apply.

Use the chart on the next page to begin your research. Note that Medicare and Medicaid **do not** provide payment for medical services received outside the United States.

If you live part of the year in another state

If you maintain a seasonal residence, you may change health plans to any PEBB plan available in the service area of your new residence by submitting the appropriate [Retiree Enrollment form\(s\)](#) along with your new address. You may do this any time you change your address. Please contact our office if you have further questions.

Emergency care

Cases of accidental injury or sudden symptoms that require immediate medical attention are reasons to seek emergency care. If this occurs while you are traveling, you should go to the nearest hospital emergency room.

If you go to a non-network facility, you or a family member must contact your provider within 24 hours or as soon as is reasonably possible after the emergency.

Tips before you go

- If you plan to travel and want more information about your coverage, [contact your health plan's](#) Customer Service staff.
- When traveling, be sure to pack your health plan's toll free customer service phone number and your subscriber or member ID number (if you have one).
- Bring along medications anyone in your family is taking, especially prescriptions, which may be difficult to get away from home. Note: Leave medications in the original bottle if you are traveling by air.
- If you have allergies, reactions to certain medications, foods, or insect bites, or other special medical problems, consider wearing a medical alert bracelet.

Obtaining Health Care When Away From Home

	Out-of-Area	Outside U.S.
Aetna Public Employees Plan	<p>You may receive care through Aetna's nationwide provider network.</p> <p>Aetna does not cover services by non-network providers, except for emergency care.</p>	Aetna covers only emergency services received outside the U.S.
Group Health Cooperative (GHC)	<p>You may receive care from other carriers that have agreements with Group Health, such as Kaiser.</p> <p>Otherwise, GHC covers only emergency services received outside their service area. (See the note at right for more information.)</p>	<p>GHC covers only emergency services received outside the U.S.</p> <p>If you are admitted to a facility outside the service area due to an emergency, you or a family member must call Group Health's Notification Line within 24 hours or as soon as is reasonably possible after the emergency.</p>
Kaiser Permanente (Kaiser)	<p>You may receive limited routine or follow-up care while outside Kaiser's service area. See the Summary of Benefits for details and limits.</p> <p>Except for emergency care, urgent care outside of the service area, authorized referrals, and renal dialysis received outside its service area, you must receive all medical care through Kaiser.</p>	Kaiser covers emergencies and urgent care worldwide.
Premiera Blue Cross	You may receive services from any provider that contracts with Medicare anywhere in the USA.	These Medicare supplement plans include limited coverage for emergency care needed during the first 60 days of a trip outside the U.S.
Secure Horizons	Except for emergency care, urgent care outside of the service area, and authorized referrals, you must receive all medical care through Secure Horizons.	Secure Horizons offers worldwide coverage for emergency room visits.
Uniform Medical Plan (UMP)	<p>Retirees who have Medicare can see any provider who accepts Medicare and UMP pays at the network level. Retirees who do not have Medicare need to see a Beech Street provider for network-level payment. UMP pays non-network providers at 60% of the UMP allowed amount (not 60% of the billed amount).</p> <p>For medical emergencies, UMP pays at the out-of-area rate (80% of the UMP allowed amount), even for non-network providers.</p>	<p>UMP covers <i>medically necessary</i> health care services outside of the U.S. at the out-of-area rate, which is 80% of the UMP allowed amount (not 80% of the billed amount).</p> <p>Foreign claims submitted to UMP must be translated into English with the currency exchange rate noted.</p>

Note:

1. If you plan to travel and want more information, call your health plan's Customer Service staff.
2. In most situations, Medicare won't pay for health care or supplies that you receive outside the U.S.
3. Review the Certificate of Coverage from your health plan for details about covered services.
4. Copayments, coinsurance, deductibles and other cost-sharing apply to covered services received outside the service area or outside the U.S.